



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 6224-99
28 April 2000

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 13 April 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by designees of the Specialty Advisor for Psychiatry dated 13 December 1999, a copy of which is attached, and your rebuttal thereto.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. It noted that a personality disorder is not considered to be a disability under the laws administered by the Department of the Navy, and that a discharge by reason of a personality disorder is not a "medical discharge", nor is it a "bad discipline" discharge. You were properly assigned a reenlistment code of RE-4 because that code is required when a service member is discharged by reason of a personality disorder. The Board noted that you were not eligible for promotion to PN3 because you received nonjudicial punishment after passing the examination, and apparently were not recommended for promotion by your commanding officer. The Board was not persuaded that material error or injustice resulted from your discharge as a seaman, rather than as a personnelman seaman.

In view of the foregoing, your application has been denied. The names and votes of the members of the panel will be furnished upon request. If you believe that the basis for your discharge should be changed from personality disorder to a basis other than physical disability, you should submit an application to the Naval Discharge Review Board.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

DEPARTMENT OF PSYCHIATRY
NAVAL MEDICAL CENTER
PORTSMOUTH, VIRGINIA 23708-2197

6520
0506:6-0893
13 DEC 99

From: Case Reviewers
To: Chairman, Board for Correction of Naval Records,
Department of the Navy, Washington, D.C. 20370-2197

Subj: REQUEST FOR COMMENTS AND RECOMMENDATIONS IN CASE OF
FORMER [REDACTED]

Ref: (a) Your ltr dated 08 OCT 99 #6224-99

Encl: (1) BCNR file
(2) Service Record

1. Pursuant to reference (a) a review of enclosures (1) and (2) was conducted to form opinions about subject petitioner's request that his records show he was retired by reason of physical disability due to a depressive disorder rather than administratively discharged because of a personality disorder.

2. Facts of the case:

(a) On 21 OCT 95, subject presented to the Medical Department of the USS SAIPAN stating he was unsure of his personal safety due to concerns that he might potentially harm himself. The subject's main concern at that time was feeling that his division "set him up to fail" and he was upset with his chain of command over the handling of his leave chits. Subject was able to contract for safety after a 24-hour SIQ chit was given.

(b) On 22 OCT 95, subject returned for follow-up, stating four members of supply were "out to get me" and was admitted to ship's medical. There were no symptoms of psychosis documented. His admission diagnosis was an acute stress reaction and paranoid and avoidant personality traits.

(c) On 22 - 23 OCT 95, subject was documented sleeping through the night without any problems and returned to work.

(d) On 05 FEB 96, subject was attempting to obtain his dental record and schedule dental work. After questioning the dental officer about being referred elsewhere he told the dental officer that he didn't trust him to perform his periodontal treatment due to their misunderstanding.

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(e) On 09 JUL 96, subject member sent a memorandum to his C.O. via the X.O. describing an incident on 04 JUN 96, when in the hallway, "my lower front pelvic area had a collision with the buttocks of SHSN Simmons" and "in order to avoid being pushed backwards any further I grabbed his waist." The subject was then struck once in the face. The subject described that over the previous four hours he had been the victim of racial harassment.

(f) Subject was at XO1 for violation of UCMJ Article 134, conduct prejudicial to good order and discipline for the events of 04 JUN 96. Subject was awarded reduction in rate, suspended six months. He also received a counseling statement from the C.O. regarding this matter.

(g) 10 JUL 96, USS SAIPAN medical officer note, stated that the subject was asking for rope and when confronted he stated that he would say he was on a suicide watch just to get sleep. At further interview, he reported feeling afraid because the "XO has so much power that he could have others beat (him) up or have (him) thrown overboard and arrange to call it suicide. The subject then related a past history that while a teacher in Hong Kong, a student was misbehaving under a piano and while trying to get him out he "accidentally" kicked the student. The subject was banned from teaching but won the court case due to a "conspiracy" between the principal and other teachers. He also reported another incident when after returning from his honeymoon he was arrested for a letter mailed to schools in his old district stating his old principal had AIDS. The subject admitted to sending letter but only so that his wife could accompany him to the U.S. On mental status examination, it was documented that his reality testing was intact without any auditory or visual hallucinations. The subject was diagnosed with "Rule Out Schizophrenia versus Rule Out Paranoid Personality Disorder."

(h) 11 JUL 96, the subject was given a consult to Psychiatry in which it stated there were no neurovegetative symptoms of depression present.

(i) 12 JUL 96, the subject was admitted to the Psychiatry Department at the Naval Hospital in Rota, Spain with the diagnosis of an Adjustment Disorder Not Otherwise Specified. Documented during the interview were reports of decreased sleep, decreased energy and decreased concentration but no suicidal or homicidal ideation since removal from the ship.

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(j) 13 JUL 96, the medical officer's progress note stated the subject was sleeping much better with improved mood and a calmer and brighter affect.

(k) 15 JUL 96, the medical officer's progress note stated the subject was reportedly somewhat agitated thinking about his options, specifically being forced back on the USS SAIPAN without the possibility of resignation.

(l) 16 - 17 JUL 96, in medical charting during his hospitalization these --- documented sleep of between six to eight hours. It was also noted that the only option the subject would discuss or prefer would be discharge from the Navy.

(m) 18 JUL 96, he was airvaced he from Naval Hospital Rota, Spain to Naval Medical Center Portsmouth for evaluation of Adjustment Disorder due to pressure and stress on his ship.

(n) 31 JUL 96, In a Narrative Discharge Summary from Naval Medical Center, Portsmouth, Psychiatry Department following admission on 25 JUL 96, the patient was initially admitted to an unlocked psychiatry ward but due to anger outbursts and voicing homicidal ideation toward his XO he was transferred to a locked ward. There the subject reported that he only stated homicidal ideation to ensure that he wouldn't be returned to the USS SAIPAN. The subject reported no prior psychiatric history prior to the Navy and no family psychiatric history. The patient reported a social history significant for few friends as a child and into adulthood. During hospitalization, he reportedly ate and slept well. Serial mental status examination revealed no evidence of a psychotic disorder. Psychological testing consisting of an MMPI was "suggestive of severe AXIS II pathology with high values for paranoid and narcissistic traits with no signs of psychosis." At the time of discharge, he was not suicidal, homicidal, psychotic or depressed. The discharge diagnosis was Axis I: No Diagnosis and Axis II: Paranoid Personality Disorder with Narcissistic Traits. He was recommended for an expeditious administrative separation.

(o) 25 JUL 96, the subject sent a letter to the C.O. of Norfolk TPU requesting his case be forwarded to the Board for Correction of Naval Records to allow a medical discharge because he was "healthy" prior to enlistment but stress caused him "suffering from paranoid personality disorder with narcissistic traits."

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(p) 05 MAY 97, at a VA Psychiatry Compensation and Pension Exam Report, the subject stated that he was diagnosed with Paranoid Personality Disorder and Depression while at Naval Medical Center, Portsmouth. At that time subject reported depressed mood, lack of interest, increased sleep, decreased appetite, decreased energy and that he "continues to hear the captain's voice yelling at him." He was diagnosed with Depression with Psychotic Features and a Paranoid Personality Disorder and recommended for further psychiatric follow-up.

(q) 14 AUG 97, a VA letter to the subject stated that the VA has found his depression with psychotic features 50% disabling and service connected.

(r) 07 APR 98, the patient presented to the VA complaining of depression for two months, inability to sleep, and reported occasional auditory hallucinations "if depressed," subject was referred to The Mental Health Clinic and diagnosed with Major Depressive Disorder with Psychosis.

(s) 23 APR 98, at a VA mental health clinic medical evaluation, the subject reported functioning well as a paralegal in a law office in New York City full time and denied any evidence of depression. The medical officer recommended no need for treatment at that time.

(t) 25 APR 98, at a VA mental health clinic a licensed clinical social worker noted that subject was employed full time and there was no need for psychotropic medications. Subject diagnosis on Axis I: Dysthymic Disorder and Rule Out Schizoaffective Disorder, Axis II: Personality Disorder Not Otherwise Specified Mixed (Paranoid, Avoidant, and Obsessive Traits).

(u) 27 APR 98, in a VA social worker note, the subject reportedly complained of low mood secondary to ruminations over perceived unfairness of his Navy discharge, increased nervous tension, irritability, and worries over decreased concentration at his job. He was recommended for individual supportive psychotherapy.

(v) 01 SEP 98, at a VA medical triage, the subject complained that he lost his job and had been depressed for two months with decreased appetite and a ten pound weight loss, fatigue, decreased concentration, early morning awakenings, decreased libido, anger, worthlessness and auditory

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hallucinations of approximately one time per month of hearing "you're dead." He was diagnosed with Major Depressive Disorder with psychosis and referred to the mental health clinic.

(w) 22 SEP 98, the mental health clinic medical officer note stated that the subject complained of being "harassed" at his job and fired 20 AUG 98 and since then had decreased sleep, decreased appetite, decreased libido and occasionally hearing the voice of his wife. He was started on paroxetine and risperidone for Major Depressive Disorder with Psychosis.

(x) 03 MAY 99, VA medical officer noted subject again reported losing his job but that he "no longer hears his wife's voice". He remained on risperidone and paroxetine for a Major Depressive Disorder.

3. The following opinions are submitted:

(a) The active duty diagnosis of Paranoid Personality Disorder was supported by appropriate documentation describing a history significant for few friends as a child and adult, suspecting that others are out to exploit or harm him, namely his old school district, XO of the USS SAIPAN and his dentist, reluctance to confide in others, persistently bearing grudges and reading threatening meanings into benign remarks or events. This disorder had been stable over a long time, was manifested prior to enlistment and caused significant problems with functioning in the military resulting in an administrative separation. In support of this condition was his admission and observation in a psychiatric hospital ward with additional psychological testing.

(b) The diagnoses of Major Depression or Schizophrenia were ruled out through appropriate measures. The subject was observed by medical personnel on multiple occasions prior to his discharge. In OCT 95, when he was admitted to ship's medical department there were no symptoms of psychosis. In JUL 96, a medical evaluation revealed intact reality testing, no auditory or visual hallucination, and in a consult to Psychiatry there were no neurovegetative symptoms reported. The subject was admitted to Naval Hospital, Rota with an Adjustment Disorder due to reported decreased in sleep, energy and concentration, but his mood improved and he ate and slept better during his hospitalization suggesting that there was not a significant depression present. During his hospitalization in Portsmouth, he was observed to eat and sleep well, showed no evidence of

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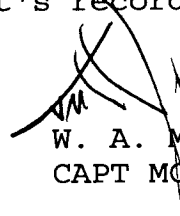
psychosis or depression, and psychological testing revealed no evidence of psychosis or depression.

(c) Since his discharge the subject has presented to VA medical center and was initially diagnosed with Depression with Psychotic Features and Paranoid Personality Disorder. After reporting symptoms of depressed mood, lack of interest, increased sleep, decreased appetite, decreased energy and occasional auditory hallucinations, the subject has received treatment for a Major Depression with Psychotic Features intermittently since May 1997.

4. RECOMMENDATIONS: Subject's request that his records show he was retired by reason of physical disability due to a Depressive Disorder cannot be supported by the current documentation and a discharge diagnosis of Paranoid Personality Disorder is well supported. We recommend no change in subject's records.



T. NORTON (P)
LT MC USNR



W. A. MCDONALD (P)
CAPT MC USN